

## **Health Benefits Branch**

P. O. Box 942714 Sacramento, CA 94229-2714 Telecommunications Device for the Deaf - (916) 795-3240

Toll Free: (888) CalPERS (225-7377)

FAX (916) 795-1277

## PREMIUM DISCREPANCY NOTICE

Today's Date:						Agency / Unit Code						
Carrier / Carrier Representative												
CalPERS Technician												
Member's Name:						SSN:						
				Should be Paid								
Coverage Month	Pay Period	Plan Code	Member Share	Employer Share	Tota Premi		Plan Code	Member Share	Employer Share	Total Premium		
Please che	ck the re	eason a	n adjustme	ent is required	d:							
	Incorrect Party Rate being paid						Premiums start date to early					
	Incorrect Plan Code being paid					Wrong SSN being used						
	Incorrect Premiums Paid for plan/party code					Cancelled coverage - still paying premiums						
	No Premiums Received for Enrollment  Missing Premium Payment						Incorrect adjustment made previously  Active Premiums paid but member is retired					
IVIIS	sing Prei	mium Pa	ayment			ACT	ive Premi	urns paid bu	t member is	retirea		
SCO Comm	ents:											
Per	Permanent Intermittent Employee no pay						Employee has not received pay pending to					
issu	issued for coverage month.						agency action.					
	Employee is Permanent Separation, Retired						miums alı	ready issued	on			
or on a Leave of Absence.												